

County: Brown

Facility ID: 8060

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SANTA MARIA NURSING HOME  
430 S CLAY STGREEN BAY 54301 Phone:(920) 432-5231  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 50  
Total Licensed Bed Capacity (12/31/04): 50  
Number of Residents on 12/31/04: 42Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 44

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.0
Supp. Home Care-Personal Care	No					1 - 4 Years		59.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.9	More Than 4 Years		9.5
Day Services	No	Mental Illness (Org./Psy)	50.0	65 - 74	16.7			-----
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	21.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	16.7	65 & Over	88.1	-----		
Transportation	No	Cerebrovascular	11.9		-----	RNs		15.1
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		6.9
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	31.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	3	12.0	149	0	0.0	0	1	6.3	155	0	0.0	0	0	0.0	0	4	9.5	
Skilled Care	1	100.0	296	22	88.0	126	0	0.0	0	15	93.8	145	0	0.0	0	0	0.0	0	38	90.5	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	1	100.0		25	100.0		0	0.0		16	100.0		0	0.0		0	0.0		42	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.5	Bathing	7.1	45.2	47.6	42
Private Home/With Home Health	4.2	Dressing	11.9	64.3	23.8	42
Other Nursing Homes	12.5	Transferring	16.7	54.8	28.6	42
Acute Care Hospitals	68.8	Toilet Use	11.9	61.9	26.2	42
Psych. Hosp.-MR/DD Facilities	0.0	Eating	40.5	47.6	11.9	42
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.1	Continence		%	Special Treatments	%
Total Number of Admissions	48	Indwelling Or External Catheter	7.1	Receiving Respiratory Care		2.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	57.1	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	23.4	Occ/Freq. Incontinent of Bowel	28.6	Receiving Suctioning		0.0
Private Home/With Home Health	19.1			Receiving Ostomy Care		2.4
Other Nursing Homes	6.4	Mobility		Receiving Tube Feeding		7.1
Acute Care Hospitals	8.5	Physically Restrained	0.0	Receiving Mechanically Altered Diets		26.2
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	2.1	Skin Care		Have Advance Directives		73.8
Other Locations	8.5	With Pressure Sores	2.4	Medications		
Deaths	31.9	With Rashes	0.0	Receiving Psychoactive Drugs		66.7
Total Number of Discharges (Including Deaths)	47					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.0	88.5	0.99	89.0	0.99	90.5	0.97	88.8	0.99
Current Residents from In-County	92.9	80.0	1.16	81.8	1.14	82.4	1.13	77.4	1.20
Admissions from In-County, Still Residing	22.9	17.8	1.29	19.0	1.20	20.0	1.15	19.4	1.18
Admissions/Average Daily Census	109.1	184.7	0.59	161.4	0.68	156.2	0.70	146.5	0.74
Discharges/Average Daily Census	106.8	188.6	0.57	163.4	0.65	158.4	0.67	148.0	0.72
Discharges To Private Residence/Average Daily Census	45.5	86.2	0.53	78.6	0.58	72.4	0.63	66.9	0.68
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	88.1	92.4	0.95	93.7	0.94	91.8	0.96	87.9	1.00
Title 19 (Medicaid) Funded Residents	59.5	62.9	0.95	60.6	0.98	62.7	0.95	66.1	0.90
Private Pay Funded Residents	38.1	20.3	1.88	26.1	1.46	23.3	1.64	20.6	1.85
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	52.4	31.7	1.65	34.4	1.52	37.3	1.40	33.6	1.56
General Medical Service Residents	14.3	21.2	0.67	22.5	0.63	20.4	0.70	21.1	0.68
Impaired ADL (Mean)	55.7	48.6	1.15	48.3	1.15	48.8	1.14	49.4	1.13
Psychological Problems	66.7	56.4	1.18	60.5	1.10	59.4	1.12	57.7	1.16
Nursing Care Required (Mean)	5.1	6.7	0.76	6.8	0.74	6.9	0.73	7.4	0.68